



BUCKS COUNTY RACQUET CLUB

2024 SUMMER CROSS COURT KID'S TENNIS CAMP - ages 4 to 7

7 SUMMER WEEKS!

Pick days/weeks that fit your schedule!

- Week 1: June 24 to 28
- Week 2: July 8 to 15
- Week 3: July 15 to 19
- Week 4: July 22 to 26
- Week 5: Aug 5 to 9
- Week 6: Aug 12 to 16
- Week 7: Aug 19 to 23



For young children, we are offering each day a fun-packed combination of Tennis drills and games. Camp highlights include:

- 2.75 hours of daily tennis instruction focusing on stroke development, proper technique & footwork
- 1 hour fun games i.e. musical chairs, scavenger hunts, arts/crafts, bean bag toss, etc.

A TYPICAL CAMPER'S DAY

9am to 1pm - Mon thru Friday



- 8:50am Campers check in
- 9:00am: Report to Court 1 for fun, warm-up exercises which includes obstacle courses to improve footwork, eye-hand coordination tosses, etc.
- 9:15am: **TENNIS!** Daily tennis drills focusing on stroke, proper technique, footwork
- 10:45am: Snack break and Fun Games begin
- 11:45am: **TENNIS** - Live ball feed while working on stroke technique and rallying
- 1pm: Camp dismissed.
Parent/guardian pick up Court #1

USTA Teaching Method for 7 & Under



Under the direction of **Al Hernandez (Tennis Director)**, BCRC embraces the USTA revolutionary change in the way kids 7 & Under learn and play tennis. Smaller courts, lighter and lower bouncing balls and racquets fit your child's size. It makes it easy and fun for them to hit, play and score from the start--while developing skills that will last a lifetime.

What To Bring to Camp...

- Drinks (i.e. bottled water, gatorade, etc.)
- Healthy snack for mid-morning.
- Smooth, white-soled sneakers. Towel.
- Wear comfortable, cool t-shirts & shorts .
- Tennis Racquet

Bucks County Racquet Club

2024 Cross Court Summer Camp Registration (ages 4-7)

Child Name: _____ Date of Birth: _____
 Parent Name (or guardian) _____ Age: _____ Boy Girl
 Address: _____
 Home Ph#: _____ Work Ph#: _____
 Cell#: _____ E-mail: _____

PLEASE CHECK OFF EACH "DAY-BOX" THE STUDENT WILL BE ATTENDING:

7 Weeks - 9am to 1pm - Monday thru Friday - *Choose days best for your schedule*

How did you hear about us:

Current Student Facebook

Macaroni Kids Other _____

\$330 - Weekly \$75 - Daily Rate

	Mon	Tues	Wed	Thurs	Fri
Week 1: June 24 to 28					
Week 2: July 8 to 12					
Week 3: July 15 to 19					
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AMOUNT	May 1st / SIBLING DISC	TOTAL DUE	METHOD	DATE

Credit Card Information - Staff Only

Credit Card # _____
 Credit Card Exp. Date: _____
 Date Paid: _____
 Employee Initials: _____

- Logged in Book
- Waiver Form Given
- Signed Waiver Received



Policies

- **10% off full-paid tuition if paid in full by May 1st, 2023
Sorry, no exceptions past this date!**
- **5% off full-paid tuition for each additional child per family.**
- **2 weeks notice required, prior to start date to alter schedule.**
- **No refunds for late arrival, early departure/withdrawal from class.**
- **Medical waiver forms must be completed prior to the start of camp.
They can be printed off of website, then email or drop off at club.**



Visit our website for full staff bios, brochures, registration forms

Mailing Address: P.O. Box 515, Washington Cr., PA 18977
 215-493-5666 ■ bcrctennis1@gmail.com ■ www.BucksCountyRacquetClub.com

BCRC Tennis Academy Medical Waiver Form

GENERAL INFORMATION (Please print clearly)

Child's Name: _____ Home Phone: _____
Address: _____ City,State,Zip: _____
Age: _____ Date of Birth: _____ E-mail Address: _____
Parent/Guardian Name: _____ Work #: _____ Cell #: _____
Parent/Guardian Name: _____ Work #: _____ Cell #: _____

EMERGENCY INFORMATION

Please provide the name of someone who can be contacted in the event of an emergency and the parent(s) cannot be reached.

Name: _____ Phone: _____

Relationship to Child: _____

People, other than parents, authorized to pick up your child. (Please be sure your child knows who will be picking him/her up)

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

PARTICIPANT'S WAIVER AND RELEASE

BCRC's Tennis Academy offers a program that includes, but is not limited to, tennis instruction, tennis matches and other activities as designed and implemented by our tennis pro staff. I, the undersigned, or the parent or legal guardian of the participant listed below to certify that the participant is in good health and is able and willing to participate in such program.

Furthermore, (name of participant) _____, has my permission to participate in the Tennis Academy at BCRC, Inc. In consideration for this sponsorship, I/we hereby assume all risks and hazards associated with the participation of the above-identified individual and the program and agree to hold harmless BCRC, Inc. and all staff from any and all claims for personal injury or damage to property arising out of the participation in this program whether the result of negligence or any other cause. I agree that BCRC, Inc. shall have the right at its discretion to enforce established rules of conduct and/or terminate my child's participation for failure to maintain these standards or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group and its program as a whole. I hereby grant BCRC, Inc, and any of their directors or staff full authority to take whatever action they consider to be warranted regarding my child's health and safety, and I fully release all of them from any liability for such actions taken on my child's behalf.

I hereby give permission for BCRC to use a photo image of participant for promotional purposes. Images would be used for club brochures or BCRC website. Photos would not be used or released for any other purpose.

MEDICAL HISTORY AND CONSENT FOR MEDICAL TREATMENT OF MINOR

Describe if your child has any allergies: i.e., medicine, food, insects, sun, grass, etc. or any other medical situation you feel the camp director needs to know (i.e. autism, bipolar, etc.): _____

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. This attention to be given under the direction of the Tennis Academy staff until such time as I may be contacted. I further authorize the Tennis Academy staff in my absence to authorize immediate first aid to my child and emergency transport to the appropriate medical care facility.

I understand that no health, and/or accident insurance is provided for participants and I also hereby assume the responsibility for payment of any such treatment and release BCRC, Inc. and its staff from any and all liability or claims arising out of an injury, accident or sickness to my child.

I certify that I am the parent or legal guardian of the participant named above; that I have read the foregoing waiver and release and consent for medical treatment; and that I join in the release without reservation, granting my full consent to all actions provided for therein.

Signature of Parent or Legal Guardian _____ Date _____